

BACKGROUND STATEMENT

If you answered YES to any question numbered 18 - 27, you must complete the portions of this form that are applicable. **If there is not enough space to provide all details or required information, you must copy this form or attach a separate sheet of paper, include all required information, and submit with your application.** Failure to identify all convictions and other requested information is **automatic grounds for denial of your license.**

CRIMINAL HISTORY (Questions 18)

If you answered yes to question number 18, complete as many sections below as necessary to identify each conviction.

| | | |
|---|-----------------------------------|------------------------|
| A | Date of Offense: | Date of Conviction: |
| | Location of Offense: | Dates of Imprisonment: |
| | Dates of Parole: | Dates of Probation: |
| | Detailed Description of Incident: | |
| | | |

| | | |
|---|-----------------------------------|------------------------|
| B | Date of Offense: | Date of Conviction: |
| | Location of Offense: | Dates of Imprisonment: |
| | Dates of Parole: | Dates of Probation: |
| | Detailed Description of Incident: | |
| | | |

| | | |
|---|-----------------------------------|------------------------|
| C | Date of Offense: | Date of Conviction: |
| | Location of Offense: | Dates of Imprisonment: |
| | Dates of Parole: | Dates of Probation: |
| | Detailed Description of Incident: | |
| | | |

EXPUNGED/DISMISSED/DIVERTED HISTORY (Question 19)

If you answered yes to question number 19, complete as many sections below as necessary to identify each arrest, charge or conviction that was expunged, dismissed or diverted.

| | | |
|---|-----------------------------------|--|
| D | Date of Offense: | Date of Conviction: |
| | Location of Offense: | Dates of Imprisonment: |
| | Dates of Parole: | Dates of Probation: |
| | Name of Formal Rehab Program: | Dates Attended: |
| | Crime was (circle one): | Expunged Dismissed Reduced Diverted |
| | Detailed Description of Incident: | |

SUBSTANCE USE/ABUSE /DISABILITY INFORMATION (Questions 20 and 21)

If you answered yes to question number 20 and/or 21, complete this section.

| | | |
|----------|----------------------|-------------------|
| E | Type of Program: | |
| | Name of Program: | |
| | Dates of Attendance: | Date of Sobriety: |
| | Details: | |
| | | |

PROFESSIONAL DISCIPLINE (Questions 22 - 27)

If you answered yes to question number 22, 23, 24, 25, 26, and/or 27, please explain.

| | | |
|----------|-------------|--------|
| F | Profession: | State: |
| | Details: | |
| | | |
| | | |
| | | |

REQUIRED DOCUMENTATION

For each conviction OR arrest, charge or conviction that was expunged, dismissed or diverted you must attach:

CERTIFIED (by the court) court documents*

CERTIFIED (by the arresting agency) arrest/police report*

Letters of compliance from probation/parole officer(s), IF still serving probation/parole.

Documentation/letters that prove you completed or state the status of your court-ordered rehabilitation program(s) (IF applicable)

For each program you entered for substance abuse, you must attach:

Documentation/letters that prove you completed or state the status of your court-ordered rehabilitation program(s) (IF applicable)

For each registration, certificate or license you were denied or where disciplinary action was taken, or each facility you resigned from in lieu of disciplinary action, you must attach:

Any official documentation that states the circumstances and outcome of the action.

* CERTIFIED documents are obtained directly from and certified by the court or arresting agency. Do not send copies, they will not be accepted. If the records have been destroyed, the RCB requests a signed certified statement attesting to that fact on the agency's letterhead from which you are requesting records.

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